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APPLICATION NO.	O. FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/642,928 TITLE OF INVENTION	08/18/2003 I: STRUCTURED METI	FODOLOGY AND DES	Ray Y. Lai IGN PATTERNS FOR W	/EB SERVICES		5681-66300	3868
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	E PREV. PAID IS	SSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	***************************************	\$1810	09/28/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SHAW, PELING ANDY		2444	709-220000				
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un	ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp GNEE	inge of Correspondence "Indication form led. Use of a Customer A TO BE PRINTED ON iffied below, no assignee	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. [HE PATENT (print or type)] data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Redwood City, CA				
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual X	Corporati	on or other private grou	up entity Government
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🖵 a. Applicant claim	tus (from status indicates is SMALL ENTITY stati	ıs. See 37 CFR 1.27.	🔲 b. Applicant is no le	************************			*************************
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Authorized Signature /Robert C. Kowert/				Date	Septemb	er 28, 2010	
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